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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CAPANNA FOR CONGRESS

ADDRESS (number and street)

1774 LAKE ROAD

(Check if address
is changed)

WEBSTER

NY

14580

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PALOMA@CAPANNAFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CAPANNAFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

585-586-5090

2. DATE

10

18

2005

3. FEC IDENTIFICATION NUMBER ▶

C

(NEW)

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KAROLYDE W. ADLER

Signature of Treasurer

Karolyde Adler

Date

10

18

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate PALOMA A. CAPANNA

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 25

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee NONE

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

250399014549

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name PALOMA A. CAPANNA

Mailing Address 1774 LAKE ROAD

WEBSTER N.Y 14580

Title or Position CITY STATE ZIP CODE

CANDIDATE

Telephone number 585-377-7260

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer KAROLYNE W. ARNER

Mailing Address 2130 FIVE MILE LINE RD.

PENFIELD N.Y 14526

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 585-586-4640

Full Name of Designated Agent PALOMA A. CAPANNA

Mailing Address 1774 LAKE ROAD

WEBSTER N.Y 14580

Title or Position CITY STATE ZIP CODE

CANDIDATE

Telephone number 585-377-7260

25038914550

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHASE BANK

Mailing Address

609 MOSLEY ROAD

FAIRPORT NY 14450-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038914551

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SEI
 PREPARER

10/25/05
 DATE PREPARED

25038914552